

Early and Periodic Screening, Diagnosis, and Treatment Services (EPSDT)

What is EPSDT?

- A Medicaid program for children up to the age of 21 with a preventive treatment approach
 - Diagnosis or screening services are the backbone of the program
 - Referrals for treatment services occur during well child or other as needed screenings
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Who is Eligible for EPSDT?

- Children under the age of 21 who receive Medicaid through Medicaid/FAMIS Plus, or a MCO are eligible to receive the full scope of Medicaid/EPSDT services
 - FAMIS children who are not enrolled with a Managed Care Organization
 - MCO enrolled FAMIS children receive Well Child services through their MCO but are not eligible for the full scope of EPSDT
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What are EPSDT Services?

EPSDT services include:

- Screening/Well Child check-ups, lead testing and immunizations
 - Other treatment services to correct a medical condition, make it better, or prevent the child's health status from worsening
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MCO and EPSDT

- MCOs have responsibility to provide EPSDT diagnostic and treatment services according to American Academy of Pediatrics (AAP) guidelines

MCO and EPSDT

- MCOs provide EPSDT treatment services through their provider network
 - Certain Medicaid services such as Community Mental Health Rehabilitation and Personal Care are accessed directly through DMAS upon referral from the MCO enrolled physician
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EPSDT Screenings

Types of Screenings

- AAP recommended screenings:
 - Conducted according to periodicity schedule usually during a well-child visit
 - Inter-periodic or partial screenings:
 - Outpatient physician encounters or “sick visits”
 - Problem-focused screening
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Screening and Treatment

- The results of the examination may indicate a referral for specific medically necessary Medicaid covered services.
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Possible Referrals to Programs

- Mental Health Services
 - Specialized Therapies/Rehabilitative Services to manage developmental disabilities
 - EPSDT Nursing, Personal Care,
 - Medical and adaptive equipment
 - Residential Treatment, facility and hospital services
 - Other medically necessary care
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Screening and Treatment

- Periodic, Inter-periodic or partial screenings may be used to document the need for EPSDT treatment
 - Any caregiver or professional who comes in contact with the EPSDT enrollee may request an inter-periodic screening
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Diagnosis and Treatment

Scope of Services

- Individualized health care, diagnostic services, and “treatment” as listed in the Federal Medicaid statute, must be provided when medically necessary to correct and ameliorate physical and mental conditions discovered during screening services whether or not included in the state plan
 - The program does not cover services that are experimental or investigational
 - Must be services that are considered either mandated or optional services by CMS
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Medical Necessity (cont.)

- The medical justification for a service must accompany the request for EPSDT treatment services.
- Certain services may not be covered by EPSDT
 - ❑ Respite
 - ❑ Environmental Modifications
 - ❑ Vocational
 - ❑ Educational

EPSDT and Children's Services KePRO Authorizations using EPSDT

EPSDT Approval Criteria and Children's Services in Medicaid

- All requests for children's medical services should be considered using EPSDT criteria for medical necessity
 - Does the service “correct, ameliorate or maintain” the health or mental health condition of the child?
 - All denials should be based on EPSDT criteria and medical necessity
 - KePRO and MCO's have a two tiered review process for children's services
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EPSDT and Durable Medical Equipment

- DME covers many services under the Medicaid program
 - Wheelchairs, Communication Devices, Incontinence supplies, Special medical formulas, Patient lifts, Bathing equipment
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EPSDT and DME

- Items have to be medically necessary
 - Diapers can be provided past the usual authorization threshold, the provider will obtain pre authorization
 - Cost effective criteria apply to all DME requests
 - Medical necessity must be documented by the DME provider to demonstrate the preventive benefits desired of all requested medical equipment
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EPSDT and Rehabilitation

- Rehab services consist of:
 - (Refer to DMAS Rehabilitation manual for detail)
 - ❑ Speech therapy
 - ❑ Occupational Therapy
 - ❑ Physical Therapy
 - ❑ Cognitive Rehabilitative Therapy
 - ❑ Intensive Rehabilitation
 - Services have to be medically necessary
 - EPSDT can waive the usual service limit
 - The provider will obtain pre authorization for service extensions through KEPRO
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EPSDT and Mental Health Services

- Refer to the DMAS Psychiatric Services manual chapter 4 pages 21-25 for outpatient clinical services
 - Services have to be medically necessary
 - EPSDT can waive the usual service limit
 - The provider will obtain pre authorization for service extensions through KEPRO
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EPSDT and Transportation

- Transportation is a covered service
 - See Transportation manual, chapter 4 for details
 - Transport must be provided to Medicaid covered services
 - If the service requires PA, provide the PA number to Logisticare
 - Transportation line: 1-866-386-8331
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EPSDT Specialized Services

Specific Program Guidelines

EPSDT

Specialized Services

- Periodic, Inter-periodic or partial screenings may be used to document the need for EPSDT treatment
 - Any caregiver or professional who comes in contact with the EPSDT enrollee may request an inter-periodic screening
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Specialized Services

- The following Services are covered only under EPSDT
 - All Require pre authorization at DMAS
 - ❑ Substance Abuse Treatment Services
 - ❑ Hearing Aids
 - ❑ EPSDT Residential/Inpatient
 - ❑ Personal Care
 - ❑ Private Duty Nursing
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Substance Abuse Treatment Services

EPSDT Substance Abuse Treatment Services

- Substance abuse treatment may be provided exclusively through EPSDT to eligible persons under age 21 who have demonstrated a medical need for clinically appropriate substance abuse treatment.
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American Society of Addictions Medicine (ASAM)

- DMAS currently uses ASAM patient placement criteria to determine clinical treatment levels and determine “medical necessity”
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Substance Abuse Treatment Pre-Authorization

The following is needed when requesting pre authorization:

- ❑ MD referral
 - ❑ Clinical Assessment of need from LMHP
 - ❑ Treatment Plan DMAS 412
 - ❑ DMAS 351 (request for services form)
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EPSDT Specialized Services

EPSDT Personal Care Services

EPSDT Personal Care Services

The Following Services Are Covered:

- Assistance with activities of daily living (ADLs): bathing, dressing, toileting, transferring, eating, and bowel and bladder continence.
 - Assistance with meal preparation – preparation only of the individual's meal is allowed.
 - Medically necessary supervision related to a health condition.
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EPSDT Personal Care Services

Non-Covered Services :

- General Supervision
 - Respite
 - Performance of tasks for the sole purpose of assisting with the completion of job requirements.
 - Assistance provided in hospitals, other institutions, assisted living facilities, and licensed group homes.
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Eligibility

Covered groups:

- Medicaid/FAMIS Plus/Medallion enrollees under 21 years of age; and
 - “Fee For Service FAMIS” enrollees under the age of 19.
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Eligibility

Medical/functional criteria:

- Must have a demonstrated medical need for personal care
- Health conditions cause limitations in performing three or more activities of daily living (ADL).

- ADL categories:

bathing	eating
dressing	toileting
transferring	continence
ambulation	

EPSDT and Community Based Care Waivers

- Home and community based waivers serve a specific population
 - Some individuals have active treatment needs that cannot be met by EPSDT Personal Care services.
 - Community based services may be suggested to treat the health or mental health condition of the individual with behavioral or other treatment needs.
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Eligibility Limitations

PC cannot be covered through EPSDT when:

- ❑ Individual is in a Medicaid waiver (Waivers have PC)
- ❑ Individual's inability to perform activities of daily living cannot be exclusively due to age.

The functional deficits resulting from normal attainment of developmental milestones are not subject to EPSDT treatment because these functional deficits are not due to a health or mental health condition.

Waiver Wait Lists and EPSDT Services

EPSDT can be provided to individuals who:

- Are Medicaid eligible and on a wait list for a waiver
 - Example: On MR Waiver waiting list, may access personal care until obtain waiver slot
 - Are enrolled in a home and community based care waiver and need services other than those provided in the waiver.
 - Example: If in the EDCD Waiver, may access EPSDT nursing as allowed by medical necessity
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Referral Process Summary #1

- The primary physician will conduct an assessment for EPSDT personal care using the (DMAS-7) functional assessment. (The screener may bill for an inter-periodic screening.)
 - The individual/case manager will send the completed DMAS-7 to DMAS.
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Referral Process Summary #2

- DMAS will review the request to determine if services are appropriate to meet the individual's needs
 - If appropriate, authorize a referral and send a provider list to the individual or community based case manager
 - DMAS may refer the individual directly to the existing community service providers as appropriate.
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Referral Process #3

- The individual will select a personal care agency or Consumer Directed Services Facilitator and
 - work with their case manager and/or provider to develop a plan of care.
 - The plan of care and evaluation will be sent to DMAS for pre authorization.
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Pre-Authorization Packets

- **Provider requests should contain the following:**
 - ❑ 97A/B from provider
 - ❑ 99A/B from provider
 - ❑ Detailed schedule of current services available to individual
 - ❑ Universal Assessment Instrument (UAI) if completed for waiver denials
 - ❑ Level of Functioning (LOF) if on MR or DD waiver waitlist
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Referral and Service Initiation Process #4

- If authorized and no nursing needs are present, services may begin for one year upon issue of a pre authorization number.
 - If authorized and there is a suspected nursing need, a 60 day authorization of EPSDT services will be accompanied with a referral to the appropriate waiver screening team upon issue of a pre authorization number. The individual may receive nursing services through EPSDT.
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Service Approvals

- Authorization is given for up to one year
 - The pre authorization is based on the hours of need documented in the assessment of need (99 a/b) and plan of care (97a/b)
 - Each EPSDT care plan and assessment must be completed by either a Registered Nurse or CD Services Facilitator
 - If there is a suspected nursing need, a 60 day authorization of EPSDT Personal Care is given with a referral to the appropriate waiver screening team
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Pre Authorization Process

- **Requests for services may be faxed to:
804-786-5799**
 - **Requests for services may be mailed to:**
EPSDT Coordinator
Maternal and Child Health Division
600 E. Broad Street, Suite 1300
Richmond, VA 23219
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EPSDT Residential

EPSDT Residential Cases

- When a individual under the age of 21 is not eligible for CSA sponsored or non CSA sponsored residential treatment the request can be submitted to the EPSDT program for individual consideration
 - Cases that do not benefit from psychiatric treatment provided in an acute care or residential setting, or when a standard psychiatric treatment environment is not clinically appropriate to their condition
 - Refer to EPSDT for consideration based on medical necessity
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EPSDT Residential Cases

- During PA reviews at KEPRO the EPSDT criteria is applied to all cases subject to denial for not meeting program criteria
 - Referrals to DMAS for review and approval may occur
 - Cases may be requested directly at DMAS when they do not meet the “usual” criteria for placement in Residential Treatment
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EPSDT Residential Providers

- The provider has to operate a program that is clinically effective for the health condition
 - Has to be enrolled as a provider of the clinical care needed
 - Approvals will be based on medical necessity and the ability of the provider to provide clinically appropriate services
 - The Certificate of Need and CPMT letter should be sent to DMAS with the request packet
 - DMAS does not provide the funding for school/education
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EPSDT Residential Cases

Typical conditions that have been served through EPSDT:

- Autism
 - Brain Injury
 - Eating Disorders
 - Chronic Illnesses that require inpatient treatment
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EPSDT Residential Case Review Process

- The provider of services will develop a preliminary treatment plan
 - The Case Manager for the individual will provide a case summary to indicate why the case requires the level of services being requested
 - The Case Manager will describe other services that have been provided without success
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EPSDT Residential Case Review Process

- The Case Manager will coordinate assessment information from medical and/or psychiatric specialists
 - Either a primary or specialty physician will provide medical justification for the level of services required by the individual
 - All EPSDT services must be referred from a physician based on an EPSDT screening
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EPSDT Services Criteria

- If the service can be provided by an established DMAS program, the request will be referred to the existing DMAS program

 - Examples:
 - ❑ Outpatient/Inpatient psych/Residential Treatment
 - ❑ Community Mental Health Rehabilitation
 - ❑ Intensive or Cognitive Rehabilitation (Rehab program)
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EPSDT Contacts

- Brian Campbell, EPSDT Coordinator
804-786-0342
Brian.campbell@dmas.virginia.gov
 - Shirlene Harris, EPSDT Pre-authorization
804-225-3124
shirlene.harris@dmas.virginia.gov
 - www.dmas.virginia.gov/ch-home.htm
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EPSDT Contacts

Managed Care Helpline for MEDALLION and
Medallion II (MCO) Enrollees

1-800-643-2273

DMAS website www.dmas.virginia.gov
